MH99D3868

MINORITY MALE GRANT PROGRAM
COALITION DEVELOPMENT GRANT EVALUATIONS

FINAL REPORT

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CHAPTER I

INTRODUCTION

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INTRODUCTION

Minority males are at high risk for incurring a wide range of interrelated health and social difficulties. The life expectancy of black men in particular is decreasing, even though it is increasing for other Americans. Black males suffer disproportionately from homicide, hypertension, drug addiction, respiratory cancer, and chronic liver disease. Large numbers of black males are incarcerated, and they are overrepresented in other areas of the criminal justice system.

Hispanic, Asian-American/Pacific Islander, and Native American males have not escaped these problems. Though their issues are not documented as well as the problems of black males, these men also suffer from health and social ills, particularly in the areas of alcohol and drug dependency, suicide, homicide, unemployment, poverty, and delinquency.

The Minority Male Grant Program (MMGP) is administered by The Office of Minority Health (OMH), Department of Health and Human Services (DHHS), to respond to the multiple health and social barriers faced by minority males. It is jointly funded by DHHS operating divisions (OPDIV). The MMGP empowers community-based organizations with the financial resources to address these interrelated problems through Conference Grants, Coalition Development Grants, and Coalition Demonstration Grants.

OMH contracted with Birch & Davis Associates, Inc. (B&D), to study the Coalition Development and Coalition Demonstration components of the MMGP. The first study is an evaluation of the development grants, and the second an evaluation design for the demonstration grants. The two separate projects were conducted concurrently, with the expectation that information could be shared between projects.

This report presents the results of the 20-week coalition development grant program evaluation study. This chapter presents background on the MMGP and introduces the remainder of the report. A separate report presents the results of the 20-week coalition demonstration evaluation design study.

1. MINORITY MALE GRANT PROGRAM COALITIONS ADDRESS THE INTERRELATED HEALTH AND SOCIAL PROBLEMS OF MINORITY MALES

The MMGP, officially advertised as the *Grants for Community Coalition Projects to Support Health and Human Service Needs of Minority Males,* awarded its first grant in September 1990. Since then, 25 community-based organizations have been awarded development grants to create or modify coalitions to address the health and social concerns of minority males in their communities. An additional 14 community-based organizations with established coalitions were funded to demonstrate the effectiveness of the coalition as a vehicle for coordinating services to minority males in their communities. Exhibit I-1 shows the geographical distribution of the 25 development grants awarded in September 1990 and the 14 demonstration grants awarded in May 1991 under this program.

For the purposes of these grant programs, OMH defines a community coalition as a joint effort of public and private community organizations to address and resolve community concerns. Such a community coalition has six characteristics:

- Assumes an agreed-upon mission

EXHIBIT I-1

DEVELOPMENTAL AND DEMONSTRATION PROJECT SITES

- Requires a long-term commitment on the member's part
- Requires a role for each coalition member
- Requires resource participation by each coalition member
- Documents coalition activities
- Requires each coalition member to establish a relationship with the coalition and individual members

For both coalition grant programs, OMH funded projects that proposed flexible and innovative approaches toward the problems associated with serving high-risk minority males. Communities made their own decisions about what problems to address and how to address them using the coalition model. The coalition grants' experience will generate information on how the coalition model can address the problems of high-risk minority males.

2. COALITIONS CAN PROMOTE COST-EFFECTIVE SERVICE COORDINATION FOR MINORITY MALES

The MMGP's coalition grant approach is based upon the assumption that the coalition model--a grass-roots, community-based approach to intervention and service delivery--can improve the health and social status of minority males by:

- Empowering the community with a self-help structure
- Focusing on community-based outreach
- Providing a familiar and acceptable technique for the target population to seek services
- Offering a community-based, multi-service network that improves the target population's quality of life
- Providing secondary intervention to the target population's family members, as well as other members of the community
- Serving as a cost-effective system for coordinating services

Federal policymakers and grantees understand that coalition development, maintenance, and coordination are complex processes. The MMGP coalitions' experience may yield useful information on the influences of key issues--cultural sensitivity, credibility of member organizations in the community, management of the diversity of services offered by the coalition, recruitment and retention of a hard-to-reach target population, and challenges of serving multiple ethnic/cultural target populations--on coalition implementation.

3. POLICYMAKERS AND PRACTITIONERS NEED INFORMATION ON THE EFFICACY OF THE COALITION MODEL

Federal and project-level policymakers and practitioners are interested in learning the outcome of the MMGP coalition grants. Better understanding of how and why coalitions are developed and their impact on the health and social status of minority males can be useful in planning policies and programs. MMGP participants are interested in these matters, but the audience for this information is likely to be even wider. Congress has expressed an interest in learning about the outcome of these programs. Other Federal and community-based policymakers and practitioners are anxious to know about how and why the coalition model can successfully address interrelated health and human service needs of hard-to-reach racial and ethnic minority populations.

The study presented in this document is designed to help meet these information needs. Chapter II describes an assessment of the Coalition Development Grant component of the MMGP. It focuses on how the coalitions were developed and what happened as a result of their development. It includes recommendations for improving grantees' ability to develop effective MMGP coalitions.

CHAPTER II

COALITION DEVELOPMENT GRANT PROGRAM EVALUATION

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COALITION DEVELOPMENT GRANT PROGRAM EVALUATION

The goal of the Coalition Development Grant Program component of the MMGP is to provide limited resources to plan and develop coalitions to address the specific health and human service needs of high-risk minority males in distinctive communities. The grants support efforts to either (1) develop a formal coalition of community organizations or (2) empower an existing community coalition to modify its structure, policies, and practices so that it can develop methods to serve the target population.

B&D conducted a 20-week study to evaluate the implementation of the 25 community coalition development grants awarded in FY90. The study purpose was to:

- Describe methods for developing and modifying coalitions
- Highlight selected project outcomes and impacts
- Recommend ways to strengthen the Coalition Development Grant program

The remainder of this chapter describes the study questions, methodology, findings, conclusions, and recommendations.

1. B&D FOCUSED ON SEVEN KEY STUDY ISSUES

During the first 16 weeks of the project, the study team developed an understanding of the implementation and outcomes of the coalition grants. Exhibit II-1, Discussion Questions, lists the seven key study issues of interest to OMH that were formulated early in the project period. These questions guided subsequent data collection and analysis activities.

The study team employed these data collection methods to gather information on the study issues:

- **Documentation Review**--The team gained some answers to study questions by reviewing documentation. The review was particularly helpful in affording an understanding of the Coalition Development Grant Program and the 25 coalition development grant projects. OMH provided the grant applications for all projects and all quarterly reports received by the end of September 1991. Reviewing these documents and the Federal Register announcement of May 31, 1990, provided detail about program- and project-level goals and objectives, as well as plans for developing coalitions and services for the target populations.

- **Telephone Discussion**--The team clarified a preliminary understanding of project experience through telephone discussions with the Principal Investigator and/or Project Director (PI/PD) for each of the 25 projects. Some grantees followed the suggestion to include coalition members in these discussions. These discussions also verified information reviewed in the grant applications and progress reports. Grantees were very cooperative and seemed eager to share their experiences. The telephone discussion protocol is presented in Appendix A.

EXHIBIT II-1

DISCUSSION QUESTIONS

1. How are coalitions developed?
2. To what extent have the coalitions demonstrated the six characteristics identified by the MMGP as elements of a community coalition?
    a. Assumes an agreed-upon mission
    b. Requires a long-term commitment on the member's part
    c. Requires a role for each coalition member
    d. Requires resource participation by each coalition member
    e. Documents coalition activities
    f. Requires each coalition member to establish a relationship with the coalition and individual members
3. Were grantees successful in developing the foundation for a community-based coalition to address the needs of high-risk minority males?
4. What resources are needed to develop and sustain coalitions?
5. What difference did the coalitions make in providing services to the target populations?
6. What are the strengths and weaknesses of the coalitions developed through this program?
7. How can the coalition development process be improved?

- **Site Visits**--The team visited nine sites to gain further information on study questions using face-to-face discussions and direct observation and, where necessary, verify any issues that were not fully resolved during the telephone conversations. OMH assisted in selecting sites, employing criteria designed to offer as full a range of coalition settings and types, target populations, and intervention focuses as possible, given the short timeframe for visits. Two- to four-person visit teams were comprised of a B&D senior staff member and research assistant, and, in some cases, OMH Federal and regional staff. The study team conducted interviews with the PI/PD, usually with coalition members, and conversed with individuals and groups of coalition participants. Grantees and other coalition participants were exceptionally cordial and cooperative in fully discussing all study issues.

Responses from grantees helped the team understand the extent to which coalitions share similar traits and issues, where they differ, and why. They also helped identify common problems among grantees, thereby initiating a process to develop recommendations for resolving them and ultimately strengthening the overall program.

The study team analyzed the discussions of all study issues to determine similarities and differences among them. The team then answered each study question in turn and identified the trends that projects reported in (1) addressing the needs of minority males, (2) coalition building, and (3) obtaining assistance from OMH. The remainder of this chapter presents findings, conclusions, and recommendations.

2. GRANTEES WERE SUCCESSFUL IN ADDRESSING THE NEEDS OF MINORITY MALES

Twenty-three of the 25 grantees reported that their projects established the foundation for viable community-based efforts to provide services to minority males. They developed networks to assist minority males from all racial and ethnic groups in confronting a full spectrum of health and social problems.

2.1 The Projects Targeted A Variety Of Populations And Issues

As illustrated by Exhibit II-2, the geographically dispersed Coalition Development Grant Program projects targeted a variety of populations and issues:

- Coalitions were located in 16 States and 25 cities and towns, including two Native American reservations that are recognized by the United States Government as autonomous nations of people.

- Projects served all major categories of minority populations:

  -- Fifteen coalitions targeted one group, most often African Americans.
  -- Three coalitions targeted two ethnic groups.
  -- Seven coalitions targeted minority males in general.

- Two types of coalitions were funded:

  -- Twenty-one new coalitions of community organizations were formed to address the health and human service needs of the target populations.

EXHIBIT II-2

COALITION DEVELOPMENT GRANTEES BY TARGET POPULATION ETHNICITY, COALITION TYPE, AND PRIMARY INTERVENTION FOCUS

TARGET POPULATION ETHNICITY GRANTEE	COALITION TYPE	PRIMARY INTERVENTION FOCUS
African-American		
ADAMHS Board for Montgomery County Dayton, OH	New	Health and Social
Cincinnati Board of Health Cincinnati, OH	New	Health and Social
Detroit Urban League Detroit, MI	Modified	Health
*Health Outreach Project, Inc. Atlanta, GA	New	Health: STD and HIV/AIDS Prevention
LeMoyne-Owen College Memphis, TN	Modified	Health: Teen Pregnancy Prevention, Self-improvement
Madison County Commission Huntsville, AL	New	Health and Social
Meharry Medical College Nashville, TN	New	Health and Social
Orange-Chatham County Health Services Carrboro, NC	New	Health
*Rhode Island Department of Health Providence, RI	Modified	Health: Awareness
The Research Foundation of SUNY Albany, NY	New	Health: Lead Poisoning
Hispanic		
*County of Orange (CA) Health Agency Santa Ana, CA	New	Health and Social
Hispanic AIDS Coalition, Inc. Houston, TX	New	Health: HIV/AIDS Prevention
Asian-American		
*South Cove Community Health Center Boston, MA	New	Health: Smoking Prevention
Native American		
Nez Perce Tribe Lapwai, ID	New	Health: Suicide Prevention
*Oneida Tribe of Indians of Wisconsin Oneida, WI	New	Health and Social

TARGET POPULATION ETHNICITY GRANTEE	COALITION TYPE	PRIMARY INTERVENTION FOCUS
Multi-Ethnic		
*University of California, San Francisco and San Francisco General Hospital San Francisco, CA	New	Health: Teen Pregnancy Prevention
Freeport Family Community Center Freeport, NY	New	Health and Social
Southern Ute (CO) Community Action Programs Ignacio, CO	New	Health: Alcohol and Substance Abuse Prevention
Other*		
*Benedict College Columbia, SC	New	Health and Social
*Coalition for the Homeless of Westchester Yonkers, NY	Modified	Health: AIDS and Substance Abuse Prevention
Community Service Programs of West Alabama Tuscaloosa, AL	New	Health
Madison Urban League Madison, WI	New	Health and Social
*Rural Opportunities, Inc. Rochester, NY	New	Health: Alcohol and Drug Treatment
Rust College Student Support Services Holly Springs, MS	New	Health: Mental Health
Migrant Benevolent Association Newton Grove, NC	New	Health: Substance Abuse Treatment and Prevention

*Site visit
**No ethnic group specified

- -- Four existing coalitions to modify the coordination and types of services delivered and/or the targeted population.

- Projects focused on a spectrum of health and social services:

  - -- Eleven coalitions focused on a broad range of services.

  - -- Three dealt with alcohol or substance abuse, and another three dealt with AIDS prevention (including one that combined this with substance abuse services).

  - -- The remaining coalitions focused on more specific health needs: two on preventing tobacco use and one each on environmental risk reduction, suicide prevention, pregnancy prevention, positive self-development, self-help strategies, and expanding current services to reach the target population.

2.2 Coalitions Made A Difference In Their Communities

The majority of coalitions were able to begin serving the target population by the end of the grant year. Many considered providing some services as vital to retaining their members' support and interest during the year. Providing services also indicated to potential members and the target population that the coalition represented a serious, dedicated effort to coordinate services among several agencies.

Coalition spokespersons most frequently said the coalition's major impact had been raising community awareness about the problems addressed by the coalition. Bringing individuals, organizations, and community groups together to discuss not only the problems and needs of minority males but also ways of combating these problems was a consciousness-raising activity. Members became involved in advocacy activities, and, as a result, their heightened perceptions were transferred to their own home organizations.

Coalition spokespersons also said the coalitions had succeeded in coordinating services; this prevented service duplication in the community. This also helped members save money and resources and allowed them to concentrate on their particular specialties. It gave members an incentive to network and to refer clients with multiple needs to other member organizations that could help them.

Some of the coalitions themselves provided services to the target population. Some related program outcomes they achieved during the grant year are listed below:

- A service package for homeless people with HIV infection was put together and included eight units of housing and a Meals On Wheels program for these residents.

- A library was established on the grounds of a public housing project to provide resident children with better access to educational materials.

- Church dinner menus and food preparation for members of the congregation and the surrounding community were changed to achieve a higher nutritional value and lower cholesterol level.

- Parents--especially single mothers--of young men who participated in a mentor program reported that the program had been a positive experience for their children.

- "No Smoking" signs in Far Eastern languages were posted in business establishments.

- Middle and high school students visited health clinics associated with the project to receive birth control services.

- A new sense of purpose and a reduction in alcohol abuse and domestic violence have been observed among men in the target population who are active members in the coalition.

3. GRANTEES VIEW COALITION BUILDING AS A COST-EFFECTIVE WAY TO PROVIDE SERVICES

Virtually all PIs and PDs said they regard coalition building as a cost-effective way to provide services to minority males, including those who are difficult to reach or reluctant to come forward. Although projects' specific timing and sequencing of their approaches to coalition building varied, the study team did learn of some commonalities in their approaches. Many coalitions grew by trial and error, incorporating these elements at different stages of development and with different emphases.

3.1 Projects Validated The Importance Of The Six Characteristics Of Coalitions That Are Mentioned In The Grant Announcement

All coalitions reported on the importance of the six characteristics of coalitions that are mentioned in the grant announcement. These characteristics appear to be necessary for establishing the commitment to continue operations beyond the grant period.

- **Agreed-upon mission**--Generally, a common identified problem or need stimulated individuals and organizations to come together to address the issue. This was often done in a meeting or conference designed to attract people and organizations already working with the target population or on the particular issue. Existing coalitions were generally modified by members from the coalition who identified another issue or need--sometimes unrelated to their original mission--that was affecting their target population; in some cases a different target group was identified. Some coalitions formed working groups or task forces to attain a mission prior to learning about the grant or receiving the grant award.

- **Long-term commitment**--Most lead agencies requested letters of commitment from members to work with the coalition during the development stage. These letters appeared in the grant applications and the quarterly reports. The majority of PIs and PDs stated during the telephone conversations that they intend to continue the coalition's work after the grant period ends, even if this means scaling down some of the services they initially expected to provide, or even temporarily suspending work. Several coalition members expressed an ongoing commitment to the coalition, and some have assumed an additional role to identify future resources.

- **Defined role for each member**--The roles and responsibilities of each member were usually defined by the lead agency early in the development process, but not always explicitly. The lead agency recruited members based on the skills, clout, or credibility

they could bring to the coalition, which implicitly defined what their roles were. Some coalitions required their members to define their roles and/or responsibilities in letters of intent submitted with the grant application or in quarterly reports.

Some coalitions were greatly helped by the fact that many of the agencies and individuals they wanted to recruit were very receptive to forming a coalition. These people wanted to encourage interagency cooperation and referrals and better serve clients with multiple needs. Coalition spokespersons said that potential recruits often turned down invitations to join the coalition at the outset, usually because past attempts in the community to form coalitions and coordinate services did not work out. Many of these recruits later approached the coalition and asked to join, after they saw that it had become a viable, effective presence in the community.

In the initial stage of coalition development, it is common for members and potential members to be anxious about the issues of control and competition. This is especially true when members have a history of either not working together or not working well together. Time is needed to learn to trust other coalition members, particularly the lead agency and competing agencies.

- **Required level of resource participation**--The majority of coalitions did not formally require resources from their members. In extreme cases, this fostered the belief of coalition members that the coalition could survive only as long as it was supported by OMH.

  There were many implicit, informal understandings for members to provide in-kind resources as the need arose, such as voluntary staff time, meeting space, and transportation. A few coalitions asked members to specify the resources they would provide in letters of support. Most coalitions were wary of requesting too many resources from members, particularly monetary support, and especially from those members with limited finances and resources.

- **Documentation**--Most coalitions found it useful to document their efforts as a way of informing members and the public about what they have accomplished. Written minutes from coalition meetings were the most common form of documentation. Some recorded all that was discussed, while others provided overviews of the discussions. Minutes usually were furnished to all members, both those who were present and those who were absent from the meeting. Sometimes they were mailed and sometimes they were distributed in person. Minutes from one meeting usually were completed and distributed before the next meeting. One coalition tape-recorded meetings, and another videotaped a conference it sponsored.

- **Establish relationships with the coalition and other members**--All grantees reported that the level and type of relationship with the coalition and other members are a function of members' histories with one another. The four modified coalitions exhibited the most mature relationships with the coalition and other members because many members had been working together prior to the grant award and had overcome adverse situations together as well.

New coalitions whose members did establish positive relationships tended to be those that existed as working groups or task forces prior to the grant award. These coalitions had a long-standing commitment to the idea of working together and formalizing their ties in a coalition, which encouraged strong, lasting relationships.

Grantees were innovative in tailoring approaches to their situations. This expedited their work in a number of areas, including recruiting members, delivering services, and obtaining future support.

Some coalitions combined one or more of the key characteristics to facilitate development. For example, defining member roles and resource participation together often resulted in obtaining long-term commitments from members. Playing down the importance of variables they felt were not necessary or attainable during the development phase, such as requiring members to establish relationships with one another, was another common strategy.

3.2 Three Key Resources Are Critical

Three major resources were identified as germane to coalition building--personnel, time, and dollars.

- **Personnel**--Coalitions that were able to attract and keep members and thrive had a strong, charismatic leader with good rapport among coalition members and the community. Coalition leaders, whose visions originated the coalitions and who often served as PIs, were people who commanded respect for their efforts and were able to translate enthusiasm into action. Many were from the same racial/ethnic group as the target population or had a distinguished history of serving this group.

  In addition to leadership, coalitions needed personnel to perform the work that kept the coalition moving forward. These tasks centered on planning and organizing the policies and logistics of day-to-day operations, and included management, public relations, advocacy, and clerical duties. Six coalitions each hired one full-time staff person who was devoted entirely to the project. The remainder assigned existing staff to the project, usually on a part-time basis, supplemented by voluntary and in-kind contributions from the membership. Staff assigned to the project often found that the coalition work complemented their work with the community and were genuinely pleased with this consequence.

- **Time**--Time is needed for coalitions to overcome obstacles, adjudicate issues or problems, develop norms and values, and progress toward service delivery. As in any cooperative effort, the people involved in coalition building need time to learn to understand and trust one another.

  Grantees told the study team that coalitions' rates of development depended on leadership, level of prior organization, members' level of participation, and the community environment. Modified coalitions usually were said to require less start-up time than new coalitions because members had worked together in the past. Grantees agreed with the observation that coalition development is an ongoing, dynamic process, but they usually said they were nonetheless uneasy about whether OMH would consider their progress sufficient for a one-year grant period.

- **Dollars**--Financial support fosters coalition development. OMH grant funds served many uses. They helped coalition staff recruit and retain members through visits and mailings. They paid for or supplemented training and conferences, which also helped with recruitment and retention. The funding was used to provide refreshments at these events and to cover services that members could not always otherwise provide to the coalition, such as transporting members of the target population to coalition meetings, conferences, and training sessions. The funds also covered basic operating expenses that gave the coalition a sense of permanency--office space, stationery, brochures and other materials for publicity, photocopying equipment, telephones, and computer terminals. Six coalitions hired temporary full-time staff to administer the coalition and drew their salaries from the funding.

  Coalitions also received support from sources other than OMH. Members provided in-kind services such as photocopying, postage, and meeting space. Two coalitions asked members to pay dues to help cover some operating expenses.

3.3 Successful Projects Followed Four Major Steps In Their Development

The study team identified four fundamental steps in coalition development. According to their individual needs, coalitions emphasized some steps over others and focused on them at different times during the year. Each step helped the coalitions develop into viable and responsive bodies for delivering services by working to foster maximum cooperation among members and to retain and encourage their commitment to the coalition.

- **Develop Support For A Shared Vision**--Coalitions generally begin to form when a community leader expresses a vision of how to address an identified problem facing the community. The leader shares this vision with community members and persuades them to identify and obtain needed resources.

- **Define The Organizational Purpose**--Defining the coalition's purpose lays the foundation for the coalition's work. The coalition's members need to agree on the target population and coalition goals and objectives. Some coalitions ask representatives of the target population, such as current agency clients, to define their own needs by serving as members of the coalition, participating in focus groups, or responding to surveys. Coalitions that involved members of the target population reported success in meeting target population needs.

- **Develop Consensus On Coalition Norms And Values**--Gaining explicit consensus on key norms and values of the group appears to be a precondition for successful operations. The group must develop a common understanding of what it means to develop culturally sensitive approaches for delivering services to the target population, and what is required to have attained the standard of cultural sensitivity. The group must also agree on organizational structure for the coalition, including how and when to conduct meetings, document progress, and attract and retain members.

- **Obtain Necessary Resources**--Coalitions must identify and obtain necessary resources. Most coalitions were said to have really gained momentum when key staff were identified and hired.

Recruiting members is an ongoing effort in resource acquisition for most coalitions. Members are a key labor resource because they play a critical role in building and sustaining the coalition by providing essential support, including staff, funds, and in-kind services. Recruiting members because they have specific skills, clout, or credibility is key for gathering together a group of people capable of coping with the issues and challenges coalitions face in both developmental and delivery stages.

OMH Coalition Development Grant Program dollars were said to have been a valuable resource, for reasons cited earlier. It was rare for coalitions not to mention that they had experienced delays with grant start-up because of a lag of at least several months between notification of the grant award and actual receipt of funds. Some coalitions had requested no-cost time extensions to their grants; these extensions were always granted, although notification was not always said to be timely.

Many coalitions were addressing the need to identify and obtain funding for the coalition when OMH funds ran out. Although most coalitions intended to continue working after the end of the grant period, only one had the funds to do so at the same level. This coalition had been awarded a demonstration grant. Most of the other coalitions began looking for additional funding as the grant year was ending. Some submitted proposals to OMH for a demonstration grant, while others had even submitted proposals to other agencies and private foundations. Others were investigating RFPs and RFAs, meeting with foundation staff, or holding fundraisers. None of the grantees had a long-range plan for continued funding. Most coalition spokespersons told the study team they initially had assumed that their development grants would roll over into demonstration grants at the end of the first year of operation. They reported having been surprised and disappointed when they were not awarded a demonstration grant; they wondered aloud to the team about what they had "done wrong."

4. OMH CAN IMPROVE GRANTEES' ABILITY TO SERVE MINORITY MALES AND DEVELOP COALITIONS

OMH can improve grantees' ability to serve minority males and develop coalitions by assisting projects in managing their limited resources in a more cost-effective manner and by disseminating information on the state of the art of coalition building. Grantees told the study team that they would welcome such involvement from the Federal sector.

4.1 Stronger Program Guidance Could Help Grantees

OMH could improve grantees' ability to make optimal use of grant dollars by offering a more consistent, structured approach to coordinating the MMGP Coalition Development Grant Program. Grantees typically reported that they experienced at least one problem in administering their grant that could have been ameliorated by stronger assistance from OMH on grant management issues. The suggestions in this section reflect grantees' concerns and thoughts about how to improve operations.

- **Define Expectations Of Grantees**--To help grantees focus their limited resources, OMH should revise the written program guidance to explicitly state its general expectations about the grant program and grantee progress throughout the grant period. Special attention should be paid to clarifying the relationship, if any, between receiving a development grant and receiving a demonstration grant.

Since coalition development is a never-ending process, grantees would benefit from guidance on what they should reasonably expect to accomplish within a year. Field experience suggests that grantees can expect these types of accomplishments:

-- Develop organizational policies and procedures
-- Staff the coalition
-- Hold regularly scheduled meetings
-- Recruit members who wrote letters of commitment
-- Plan the first coalition initiative
-- Plan for ongoing operations, including long-term funding

Therefore, OMH may wish to direct grantees to develop project goals, objectives, and milestones that work toward these ends.

- **Monitor Progress**--OMH should monitor progress routinely to determine how well grantees are doing in attaining their goals and objectives. Written quarterly progress reports from grantees to the OMH project officer are the ideal vehicle for transmitting information on how well the project is doing in attaining planned goals and objectives. OMH project officers should provide timely feedback to grantees about how well they are doing in meeting their plans. If resources continue to be very limited at the Federal level, we suggest that OMH project officers focus only on exceptions to expected performance, and especially exceptions that fall short of plans. Regional OMH staff should be engaged to monitor projects through a site visit early in the project and at six months.

  OMH may wish to consider reducing the number of progress reports required to a more manageable two or three if there is not sufficient Federal staff to review quarterly reports. Grantees understandably find it annoying to report information that appears to be ignored. This is especially said to be the case when there is no apparent Federal notice of or help with problems cited by grantees in their progress reports, or when Federal officials demand certain actions and then do not follow up to see that they have been taken.

- **Provide Technical Assistance**--OMH should provide technical assistance to help grantees learn how to attain their goals and objectives when they are experiencing difficulties. Telephone and in-person consultation is likely to be most effective. It is suggested that OMH project officers direct any technical assistance effort; it would be advisable for them to participate in the visit and in delivering assistance as well. OMH should involve regional minority health staff and knowledgeable consultants (contractors or experienced grantees) in delivering technical assistance.

- **Allow A One-Year Period For All Projects**--OMH should ensure that all grantees are allowed the planned one-year operating period so that they may follow their planned approaches. OMH could delay the official start date until negotiations are completed or extend the time period of the grant to include time for negotiations.

4.2 Information About Coalition Development Should Be Disseminated To Grantees

Many grantees expressed a thirst for knowledge about the state of the art of coalition development. They were anxious to learn from OMH and their peers about the lessons of other grantees'

experiences in developing coalitions and services for minority males. The suggestions in this section focus on ways to disseminate information on the developing state of the art of using the coalition model as a vehicle for serving minority males.

- **Communicate Model Approaches**--OMH could help grantees save time in setting up their projects by disseminating model approaches to coalition development. This would provide grantees with specific guidance on developing or modifying a coalition. Such communication could include:

  -- Sending documentation on model approaches to new grantees
  -- Sponsoring a conference on model approaches for all grantees

- **Synthesize And Publicize Lessons Learned**--OMH could help grantees save time in establishing viable coalitions by developing guidance on the lessons learned in coalition development. This would provide grantees with direction about how to overcome barriers and capitalize on opportunities. Such an approach could include:

  -- Developing and distributing an annotated bibliography of "how to" approaches to establishing community-based coalitions

  -- Publishing and distributing a monograph on best practices of former grantees

  -- Convening annual meetings immediately before the award period begins to alert new grantees to proven strategies for attaining project goals and objectives

- **Establish A Coalition Grantee Network**--OMH could help grantees routinely learn about advances in the field by nurturing a coalition grantee network for development and demonstration projects. This could be accomplished by:

  -- Publishing a network directory each year that includes a brief summary of each project and the name, title, and address of a person who can be contacted by other grantees for up-to-date information about the project

  -- Publishing a quarterly network newsletter that includes articles about ongoing coalition projects that are sponsored by OMH and other agencies; other OMH and minority health initiatives that are likely to be of interest to grantees; relevant national, regional, and local meetings on minority health and coalition building issues; and other sources of funding for coalitions

  -- Expanding the Minority Health Resource Center to include information and referral on coalition building resources (human, written, audiovisual)

APPENDIX A

OFFICE OF MINORITY HEALTH
COALITION DEVELOPMENT GRANTEES

TELEPHONE DISCUSSION GUIDE

Date _____

Representatives:

Birch & Davis Name	Grantee Representative's Name	Title
_____	_____	
_____	_____	
_____	_____	

GRANTEE INFORMATION

Project Number _____ New/Modified Coalition _____

Date Project Began _____

Date Funds Received _____

Grant Title _____

Project Director _____

Is this the same director that was identified in the grant application?

_____ Yes _____ No

Telephone Questions

1. Objectives

I saw from your grant application that your overall objectives for this coalition are to:

1. _____

_____

2. _____

_____

3. _____

_____

_____

_____

Are these still your objectives or have you made adjustments to fit the needs of your clients?

If yes, what are the new objectives?

1. _____

2. _____

3. _____

_____

_____

2. Coalition Development

How are things going with the coalition? Can you briefly explain how you went about developing your coalition?

Where does the coalition stand in terms of its overall development? Are you close to being able to deliver services? [Want to know if it is operational.]

What factors would you say made it easier to develop the coalition and where did you run into problems?

_____

_____

_____

_____

_____

_____

3. Coalition Organization

How is the coalition organized?
[Who are the decision-makers? Have subcommittees (e.g. executive committee, planning committee) been set up to focus on specific tasks and issues? Who handles the day-to-day activities? Are these duties shared among coalition staff members? Is there a board of directors who provides overall direction to the project?]

_____

_____

_____

_____

_____

_____

4. Coalition Members

Tell me about some of the groups within the coalition, what their roles are, and who the individuals are that represent them. Are they ethnically or culturally similar to the target population you will be serving?

Do members have a financial responsibility to the coalition? What is it?

Would you say that the coalition's activities are evenly divided among its membership or are there a few members who have become more active than others?

Are you still recruiting new members, or are you pretty much set on your membership? Would you describe the coalition, in terms of the services it coordinates, is it broad based or more narrow in scope? Was this intentional?

5. Role Of Federal Government

Besides providing you with the seed money to develop (or modify) your coalition, what other assistance have you received from the Office of Minority Health? Have you communicated with them, either in writing or on the phone, to discuss some of the obstacles you were facing? Were they able to give you some advice or direction on what to do?

6. Primary And Secondary Impacts On Target Population

Have there been any effects of your activities on the target population or the community? Were any of these effects unexpected? Have these effects had any impact on the focus of your coalition?

7. Financial Self-Sufficiency

What do you think will happen to the coalition after the grant period ends? Do you think it will continue? Have you been able to identify other funding sources?

8. Suggestions For Future Grantees

I'd like to ask you to share with me your approach or philosophy, to coalition development. What advice would you give to someone who was just awarded this same grant? Are there any strategies you would recommend that they use and what are the warning signs they should look out for?

9. Suggestions For The Federal government

Finally, is there anything that you would like to tell the Federal government, specifically the Office of Minority Health, about administering the Minority Male Grant Program? What did they do that you would say was particularly helpful and how can they improve this program?

APPENDIX B

OFFICE OF MINORITY HEALTH
COALITION DEVELOPMENT GRANTEES

SITE VISIT PROTOCOL

City _____

Date _____

Representatives:

Birch & Davis	Grantee Representative's Name	Title
_____	_____	
_____	_____	
_____	_____	

Size of Coalition _____

I. HOW ARE COALITIONS DEVELOPED?

Did you have any delays in starting up the coalition? (Delay in receiving funds, understanding the terms and conditions of the grant?)

Briefly explain the course of events over the past year. How did you get started and where are you now in the process?

Has the target population had a role in the development of the coalition?

Are minority (similar to target population) service providers included in the coalition?

What types of problems are associated with operating a coalition that serves a number of different ethnic groups (e.g., language, cultural sensitivity, staffing)?

Was one year an adequate amount of time for this developmental effort? (Is more or less time needed?)

II. TO WHAT EXTENT HAVE THE COALITIONS DEMONSTRATED THE SIX CHARACTERISTICS IDENTIFIED BY THE MMGP AS ELEMENTS OF A COMMUNITY COALITION? (agreed upon mission; coalition members: resource participation, role, establish relationships, commitment; and documentation)

To what extent have the coalition's activities been documented (e.g., minutes, tape)?

Were members expected to sign a written agreement to establish their commitment to the coalition?

Have you noticed any networking among members as a result of the coalition?

III. WHAT RESOURCES ARE NEEDED TO DEVELOP AND SUSTAIN A COALITION?

What has been the role of senior management in the coalition's development?

Coalition Staff - who are they, are they full- or part-time with the coalition; do they have other full time jobs?

_____

_____

_____

What are the roles and responsibilities of coalition members
(including financial contributions, in-kind contributions, staff participation, other resources)?

_____

_____

_____

Was the $50,000 received from OMH enough to develop your coalition?

_____

_____

_____

IV. WHAT ARE THE STRENGTHS AND WEAKNESSES OF THE COALITIONS DEVELOPED THROUGH THIS PROGRAM?

Did the history or political position of coalition members in the community have an impact on coalition development? (credibility with the target population)

_____

_____

_____

What have been the barriers to coalition development?

_____

_____

_____

What factors facilitated coalition development?

_____

_____

_____

What worked and what didn't work?

_____

_____

_____

V. HOW CAN THE COALITION DEVELOPMENT PROCESS BE IMPROVED?

Did you seek or receive technical assistance in your effort?
(From whom [OMH or consultant], and what type?)

_____

_____

_____

How would you measure the success of the coalition developmental effort?

_____

_____

_____